



## In This Issue

[Workgroup updates](#)  
[Tools and resources](#)  
[Education](#)

---

## Workgroup updates

Thank you for your participation in EQIC's monthly affinity [workgroup meetings](#). Registered members of each group receive email summaries of meeting notes and workgroup priorities, and we will share overall summaries via EQIC News to the entire collaborative. This issue covers the most recent meetings of the workgroups for sepsis, pressure injuries, infections and adverse drug events/opioid prescribing. Summaries for health equity, falls, readmissions and patient and family engagement workgroups are shared in alternating issues.

### Sepsis

At the June 6 meeting, members discussed process improvement approaches for sepsis and systems of care. An overview of the EQIC Sepsis Rapid-Cycle Improvement Program highlighted how, with support from EQIC Project Managers, teams can assess their current state and develop action plans to improve performance. The group shared quality improvement approaches and tools they currently use. Windham Hospital shared examples of their sepsis alert/handoff tool, step-by-step workflow/worksheet and mousepad visual aid design. Members viewed the Virginia Mason Institute "Sepsis Power Hour" video and discussed five steps to putting process improvement in action. Peer challenges include consistent use of standing orders/nurse-driven protocols and push-back. Peer highlights include use of the MEDITECH Expanse sepsis management toolkit and electronic medical record functionality to optimize sepsis management, monthly case review and new auditing processes to track nursing standing order use. At the next meeting, the group will focus on bundle compliance and optimizing order sets.

### Pressure injuries

The June 7 meeting opened with a presentation from United Hospital Center on the LEAF Monitoring System, a wearable patient sensor and user interface that provides personalized care for each patient, including digital turn reminders, confirmation of the quality of the turn and automatically generated reports. The group then discussed EQIC data collection and shared screening tools used. The group reviewed the EQIC prevalence study and which patients to exclude (swing bed patients, emergency

department patients, rehabilitation patients, OB/maternity patients and pediatric patients), as the EQIC population only includes adult acute inpatients.

The workgroup reviewed PI prevention methods in the emergency department. Hospitals shared that screening for PI usually does not occur, as the staff focuses on the chief complaint. However, a tactic used is hardwiring the Braden Scale in the EMR for all adult patients. Interventions used in the ED include building in best practice alerts, obtaining wound consults, treating PI in the ED, providing education on discharge when identified in the ED care plan, providing a warm handoff with skin assessment when a patient is admitted to the hospital, using specialty beds in the ED and having an inpatient nurse go to the ED to care for boarded patients awaiting admission.

## **Infections**

During the June 13 infections workgroup meeting, 2023 updates from the Society for Healthcare Epidemiology of America's *Infection Control & Hospital Epidemiology* were reviewed with team members. Interventions aimed at preventing surgical site infections for all patients were discussed and included many of the essential elements from the guidance. These approaches include impregnated dressings for central lines and wounds, bibs for thoracic surgery patients, chlorhexidine bathing, use of antiseptic containing pre-operative agents and impervious plastic wound protectors for appropriate procedures.

Workgroup members participated in a discussion on normothermia and members shared that various approaches were routinely used, including warmed blankets, bare huggers, warmed IV fluids and pre-op patient education.

After reviewing updated 2023 hand hygiene guidelines, workgroup members shared how they were performing hand hygiene observations within their facilities. Existing security videos, unit champions and leaders performing weekly observations, shared dashboards and competitions between units are all being used to ensure compliance.

For the next meeting, workgroup members are being asked to review their *C. difficile* data and the co-leads will review the 2023 *C. difficile* update.

## **ADE/opioid prescribing**

At its June 14 meeting, the ADE/opioid workgroup explored the culture of opioid prescribing. The state of prescribing is largely driven by individual providers in hospitals, according to feedback from the previous meeting. The workgroup discussed Dr. Travis Rieder's TED talk about his struggles with opioids prescribed after surgery and his inability to receive guidance on safe titration. The goal of this video was to demonstrate that healthcare professionals have a responsibility to ensure that patients have the information they need for safe opioid use, including a plan for titration. It also served to shift the cultural view of opioid prescribing. The group discussed the need to have a policy, or at minimum, a guidance document, that gives opioid prescribers a framework of considerations. EQIC shared an outline of the content that could be included in the guidance and will continue to build out the pieces of this framework to give hospitals the tools they need for a comprehensive opioid prescribing policy.

---

## **Tools and resources**

### **CDC TAP programs for CLABSI and CAUTI**

In the fall, EQIC identified 15 hospitals to participate in the CDC Targeted Assessment for Prevention program for reducing CLABSI. EQIC assessed these hospitals' outcomes following the close of the program and found that more than half of the hospitals maintained zero events or showed improvement

in the most recent comparison period. Their work will continue as members of the infections affinity workgroup.

To meet all-cause harm reduction goals for CLABSI and CAUTI, EQIC encourages all hospitals to review their data in these areas. Please contact your PM if you are interested in the CDC's programs for [CAUTI](#) or [CLABSI](#) reduction.

---

## Education

**Thursday, July 13**

**[Innovative approaches to addressing health equity and social determinants in rural communities](#)**

**1 - 2 p.m.**

Advancing health equity is a national priority and this CMS community of practice session aims to increase participants' understanding of health equity and support the implementation of equitable quality improvement interventions. This event features a discussion of the Rural Health Information Hub's [Rural Health Equity Toolkit](#), including examples of how rural community health programs have sought to advance health equity. Considerations for implementation, evaluation and sustainability of interventions will be included. Additionally, two HQIC hospitals will share promising practices for advancing health equity, including improved social determinants of health screening, using SDOH data to identify patients at risk for increased length of stay and readmissions, and developing a robust patient and family advisory council in a diverse community.

---

### Questions?

Please contact [Cathleen Wright](#) or your [EQIC project manager](#) with any questions.

© 2023 Healthcare Association of New York State, Inc. and its subsidiaries.

[Unsubscribe](#)

One Empire Drive, Rensselaer, NY 12144